

<b>Case Number:</b>	CM15-0098435		
<b>Date Assigned:</b>	05/29/2015	<b>Date of Injury:</b>	10/21/2014
<b>Decision Date:</b>	06/30/2015	<b>UR Denial Date:</b>	04/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/21/2015

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 58 year old male, who sustained an industrial injury on 10/21/14. He has reported initial complaints of low back injury. The diagnoses have included lumbar degenerative disc disease (DDD), lumbar stenosis status post laminectomy, dysesthesia and numbness involving the right foot and right foot drop. Treatment to date has included medications, activity modifications, diagnostics, surgery, physical therapy, injections, and home exercise program (HEP). Currently, as per the physician progress note dated 4/16/15, the injured worker complains of low back pain that is sharp, mild, and intermittent. The physical exam reveals restricted lumbar range of motion at the back and abnormal deep tendon reflexes. The current medications included Cymbalta, Vicodin, Oxycodone, Naproxen, Trazadone, Lyrica and Tramadol. There are no diagnostic reports noted in the records. The previous physical therapy sessions were noted in the records. The physical therapy note dated 4/3/15 notes that the client is independent in home exercise program (HEP) and it is appropriate to stop physical therapy at this time and progress in 3-4 months after he had time to heal and continue with independent program. There was 16 visits authorized and 12 were used to date. It is also noted to request additional visits in 3-4 months and request custom foot orthosis for continued foot drop for safety during prolonged activity. The physician requested treatment included Gym membership (with pool) x 6 months.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Gym membership (with pool) x 6 months: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Gym Memberships.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46-47 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Gym Memberships.

**Decision rationale:** Regarding request for gym membership, Chronic Pain Medical Treatment Guidelines state that exercise is recommended. They go on to state that there is no sufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen. ODG states the gym memberships are not recommended as a medical prescription unless a documented home exercise program with periodic assessment and revision has not been effective and there is a need for equipment. Plus, treatment needs to be monitored and administered by medical professionals. With unsupervised programs, there is no information flow back to the provider, so he or she can make changes in the prescription, and there may be a risk of further injury to the patient. Within the documentation available for review, there is no indication that the patient has failed a home exercise program with periodic assessment and revision. Additionally, there is no indication that the patient has been trained on the use of gym equipment, or that the physician is overseeing the gym exercise program. In the absence of such documentation, the currently requested gym membership is not medically necessary.